

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59783

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4	3			/			54						
5	3			/			55						
6	0			/			56						
7	0			/			57						
8	1		/				58						
9		/		/			59						
10		2		/			60						
11		2		/			61						
12		2		/			62						
13	0			/			63						
14	/		/				64						
15	/		/				65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←	11	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	21		15				TOTAL CLAIMS						